

Sponsor Site Monitoring Form for FDCH PROVIDERS

Date of visit: _____ Time of visit: _____ Unannounced? Yes Or No

1. Provider Name: _____

Address: _____

2. List any **findings** found on prior visits: _____

3. Sponsor-Home Agreement (4pg agreement) on file? Yes No

4. Tier Status(Circle one or more): T1 Provider Income T1 Census T1 School T2 Lower T2 Mixed

5. License #: _____ Expiration date: _____ OR 6. Verify Renewal Process? _____

7. Capacity: _____ 8. Is provider within license capacity on day of visit? Yes No

9. Are providers own children claimed? Yes No N/A

10. Days of operation: _____ 11. Hours of Operations: _____

12. "Building for the Future" flyer posted /disseminated? Yes No 13. WIC information disseminated? Yes No

14. Meals served: (circle all that apply) B AM L PM S E

15. List any changes that may require CACFP application/agreement revisions:

16. Daily dated **Menu** posted? Yes No 17. **Meal Pattern** meets USDA requirements? Yes No

18. Meal Observed (circle/fill in meal observed)? Yes No

Breakfast

Lunch/Supper

Snack (AM PM E)

19. Did the observed meal match posted menu? Y N 20. Was meal served at time listed on Application? Y N

21. **Infant Menu** posted/ completed for Infants in care? Y N NA

22. Are complete and current **Enrollments (including R/E)** up to date/on file for each child? Y N

23. Was an accurate **meal count** taken by the end of the previous day in the Home? Y N

24. Number of children served at meal observed _____ Number claimed _____ (if different)

Insert /Complete a 5 day reconciliation sheet here

25. Do the meal counts for the previous 5 days appear reasonable when compared to today's count? _____

26. Is Provider in compliance with record retention requirements? Yes No

27. Are medical statements on file for all food substitutions related to medical / special dietary needs? Yes No

28. Are written parental requests on file for milk substitutions related to special dietary needs? Yes No

29. The last three **monitoring** visits were dated _____ and _____

30. Was **training** in CACFP related requirements completed in the past year for this provider? Yes No

Last training date provider attended: _____

31. Was fat free or 1% milk served to children over 2 years of age? Yes No

32. Was potable water made available to children? Yes No

33. Are appropriate Hand washing procedures followed by staff and children? Yes No

34. Are sanitary procedures followed in all aspects of this provider's Food Service? Yes No

35. **Are all meals and services at this daycare facility available at no charge to all enrolled without regard to race, color, national origin, sex, age, or handicap?** Yes No

List any **problems**/findings/ found on this Home visit: _____

Based on these findings, is a follow-up visit warranted or household contact necessary? Yes No

If yes, explain: _____

Sponsor/Monitor Signature: _____

Date: _____

Provider Signature: _____

Date _____